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ABSTRACT

The report analyzes the scope of child sexual abuse and reviews treatment approaches to the problem. A tentative definition of child sexual abuse is offered, and incidence figures are examined. Family dynamics surrounding incest are described, as are effects on children and families. Characteristics of successful treatment and prevention approaches are cited. The document concludes with a bibliography of approximately 75 citations and with abstracts of 15 child sexual abuse programs. (CL)

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CHILD SEXUAL ABUSE:

INCEST, ASSAULT, AND SEXUAL EXPLOITATION

A Special Report from the National Center on Child Abuse and Neglect

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PREFACE

Child sexual abuse is only now receiving the attention necessary to make real progress toward its prevention and treatment. To many people, it is the most disturbing form of child maltreatment. Cultural and social taboos against incest and sexual abuse have fostered the belief that child sexual abuse is an extremely rare problem. However, recent increases in reporting, as a result of improved public awareness and professional training, reveal that child sexual abuse is a widespread and serious form of child maltreatment. It is not limited by racial, ethnic, or economic boundaries--the sexual abuse of children exists in all strata of society.

More than in many other forms of child maltreatment, in child sexual abuse we see the exploitation of the weak by the strong. And unlike child battering or physical neglect, the physical and emotional effects of sexual abuse often are not immediately evident and, therefore, may be minimized or overlooked. In so doing, we not only leave children vulnerable to continuing abuse, but we also fail to provide them with the necessary support to deal with what has been appropriately referred to as a "psychological time bomb" -- the long-term effects of sexual abuse.

This publication seeks to provide a brief overview of recent research findings concerning the nature, extent, dynamics, and effects of child sexual abuse as well as promising preventive and treatment techniques. Together with a much more comprehensive compilation of readings to be distributed

by the National Center in the beginning of 1979, this booklet is meant to be a resource for professionals and concerned citizens who seek a greater understanding of child sexual abuse.

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Definitions

Sexual abuse of children encompasses a wide range of behavior from fondling and exhibitionism to forcible rape and commercial exploitation for purposes of prostitution or the production of pornographic materials. It takes many forms and involves varying degrees of violence and emotional traumatization. Sexual abuse has been defined in a variety of ways. Some of the ambiguity in terms can be attributed to the differences in legal definitions of sexual abuse, which vary considerably from state to state. But the basic cause of ambiguity is the multitude of variations in act, intent, and harm.

Although the Federal Child Abuse Prevention and Treatment Act of 1974 defines child abuse, including sexual abuse or exploitation, in terms of injury or maltreatment of a child "...by a person who is responsible for the child's welfare...," a recent amendment to that Act authorizes the National Center on Child Abuse and Neglect to address the problem of child sexual abuse within a broader context. As used in Subsection 5(3) of the Act as amended, the term "sexual abuse" includes "the obscene or pornographic photographing, filming or depiction of children for commercial purposes, or the rape, molestation, incest, prostitution or other such forms of sexual exploitaton of children under circumstances which indicate that the child's health or welfare is harmed or threatened thereby..."[1]

Legal definitions of child sexual abuse somtimes vary by factors in addition to what was actually done to a child: the victim's age and relationship to the perpetrator are also taken into account in many states. Furthermore, because most child abuse reporting laws address themselves to maltreatment by parents or persons legally responsible for

a child's welfare, an act of sexual abuse committed by a person outside the family may be defined and handled quite differently from the same act committed by someone legally responsible for the child.

As with other forms of child abuse, there is generally agreement concerning the most extreme cases, but the operational definition of what specific behaviors constitute sexual abuse of children remains largely a matter of jurisdictional and individual interpretation. Many of the terms in the literature that differentiate types of child sexual abuse are used interchangeably by professionals and the public.

In order to encompass all forms of child sexual abuse and exploitation within its mandate, the National Center on Child Abuse and Neglect has adopted the following tentative definition of child sexual abuse:

> contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another child.

Scope of the Problem

How frequently does child sexual abuse occur? The true extent of the problem is unknown, since there are presently no national statistics on the actual incidence of child sexual abuse. Available statistics reflect only those cases that are officially reported to appropriate authorities and represent only a fraction of the cases that actually

occur. Some researchers believe that sexual abuse is more widespread than the physical abuse of children, which is currently estimated to affect over 200,000 children a year in the U.S. Until recently, incest was thought to be an extremely rare occurrence. A study by Weinberg, published in 1955, estimated the average yearly rate to be 1.9 cases per million people.[2] More recent estimates have been considerably higher: in 1969, Vincent DeFrancis, M.D., and the American Humane Association estimated a yearly incidence of about 40 per million.[3] The number of cases seen at the Santa Clara County (California) Child Sexual Abuse Treatment Program suggests that the true incidence could be as high as 800 to 1,000 per million. The National Center on Child Abuse and Neglect estimates that the current annual incidence of sexual abuse of children is between 60,000 and 100,000 cases per year.

Most estimates of the incidence of child sexual abuse do not include estimates of the numbers of children who are the victims of pornographic exploitation and child prostitution. These are forms of sexual abuse which have only recently become the subjects of investigation and research. While the number of children involved in the production of pornographic materials and in prostitution are not known, the sale of child pornography is a multimillion-dollar business.[4]

There are a number of reasons to suppose that reported cases of sexual abuse represent only the "tip of the iceberg." One of these is the reluctance of many parents and family members to report such incidents to the authorities. Fear of social censure, shame, an unwillingness to subject the child to embarrassing questioning, and the fact that in most

cases no physical harm has been done all contribute to this reluctance. Moreover, children often do not report incidents of sexual abuse to their parents. They may be afraid that their parents will blame them; they may be afraid of reprisal by the perpetrator (who may be one of their parents); or they may feel guilty over any enjoyment they may have had from the sexual contact. In a retrospective study of 1,800 college students, almost a third of the respondents of both sexes reported that they had been subjected to some form of sexual abuse as children.[5] Only half of the females who had such an experience reported it to their parents; only one tenth of the males did so. It is clear that the actual number of incidents of sexual abuse of children is considerably greater than the number of incidents which come to the attention of the authorities.

Dynamics of Sexual Abuse

The familiar images of "perverts," "molesters," and "dirty old men" are not accurate portraits of the majority of persons responsible for the sexual abuse of children. Studies of sexually abused children show that a large proportion of such cases involve parents or other figures familiar to the child. Of 9,000 cases of sex crimes against children reviewed by the American Humane Association in 1968, 75 percent were perpetrated by members of the victim's household, relatives, neighbors, or acquaintances of the victim.[6] Half the offenders in a series of 42 cases involving sexual trauma of children and adolescents were found to be family members.[7] Other studies show that parents, parent substitutes, or relatives are directly responsible for between 30 and 80 percent of all cases.[8]

The circumstances, dynamics, and effects of child sexual abuse differ depending on whether the perpetrator is a stranger or someone with whom the child is closely acquainted. The behavior of the perpetrator is more likely to be an expression of a sexual preference for children in cases of assault by a stranger than is that found in incest cases, where an individual's normal sexual preference for adults may have become thwarted, disoriented, or inappropriately directed toward a child. While aggressive sexual offenses, such as rape and sadism, do occur, they are the exception rather than the rule. The majority of cases do not involve penetration, contraction of venereal disease, or infliction of serious injury. Exhibitionism and fondling by strangers, often compulsive and habitual forms of behavior, are rarely violent and may have little impact on their victims, depending upon how the situation is subsequently handled.[9]

Sexual abuse by strangers is usually a single episode, occurs most frequently in the warm weather months, and usually occurs in a public place. In contrast, sexual abuse by family members or acquaintances is more likely to occur in the home of the victim or the perpetrator, and may occur repeatedly over a period of time.[10]

While there are cases of sexual abuse by adult women, the overwhelming majority of perpetrators are men. Girls are <u>reported</u> as abused at a much higher rate than boys (the estimated ratio ranges from twice to ten times as often), and although victims have been found to be as young as four months old, the average age is between 11 and 14 years old.[11]

There is evidence that most perpetrators of sexual abuse are heterosexual in their adult sexual orientation, even though they may abuse male

children. No offenders with a homosexual orientation were found in a study of 175 males convicted of sexual assault against children. The study suggested that the adult heterosexual male constitutes a greater risk to the underage child than does the adult homosexual male.[12]

In cases where the perpetrator is a family friend or member, the use of physical force is rarely necessary to engage a child in sexual activity because of the child's trusting, dependent relationship with the offender. The child's cooperation is often facilitated by the adult's position of dominance, an offer of material goods, a threat of physical violence, or a misrepresentation of moral standards. In complying with the adult's wishes, a child may also be attempting to fulfill needs that normally are met in other ways. For example, a child may cooperate out of a need for love, affection, attention, or a sense of loyalty to the adult. Conversely, a need to defy a parental figure, express anger about a chaotic home life, or act out sexual conflicts may make a child vulnerable to sexual abuse and exploitation.

Incest is the most emotionally charged and socially intolerable form of sexual abuse, and for most people, the most threatening and difficult to understand and accept. It is also the most difficult form of sexual abuse to detect because incest, by its very nature, tends to remain a family secret. Generalizations about its etiology, effects, and treatment are necessarily tentative because most published research on the subject is based on small numbers of cases.

Father-daughter incest and incest involving a father-figure are the most commonly <u>reported</u> types; mother-son, mother-daughter, and father-son incest are believed to be more rare. Sexual activities between age peers

(brothers and sisters; cousins) are probably the most prevalent though least reported type of incest, and are not generally considered harmful to the participants.

In what type of family does incest occur, and under what conditions? One researcher identified five family conditions which could lead to father-daughter incest: 1) the emergence of the daughter as the central female figure of the household, in some respects taking over the role of the mother; 2) the relative sexual incompatibility of the parents; 3) the unwillingness of the father to seek a partner outside the nuclear family; 4) pervasive fears of abandonment and family disintegration, such that the family is desparately seeking an alternative to disintegration; and 5) unconscious sanction by the mother, who condones or fosters the assumption by the daughter of a sexual role with the father.[13] Another researcher differentiates three types of incestuous fathers: fathers for whom the incest is part of a pattern of "indiscriminate promiscuity"; fathers with an intense craving for young children (pedophilia); and fathers who choose a daughter as a sexual partner because they do not cultivate sexual contacts outside their own families.[14] Social isolation is often a characteristic of incestuous families, as is the case with child abuse generally, and the existence of incestuous relationships tends to isolate the family even further. A number of researchers have noted the association of alcohol intoxication with many incestuous incidents.[15] Although incest can and does exist without the knowledge of the mother or other family members, it sometimes involves the collusion of all members of the family. This collusion may take the form of unconscious denial, or it may take more active forms.

Effects on Children and Families

It is difficult to make a general statement about the effects of sexual abuse on children. Aside from the fact that there has been little research on the effects of sexual abuse, children react differently to different situations depending on a number of variables that may be operating at the time of the occurrence.

A number of factors are believed to be of critical importance in determining the way in which a child reacts to and assimilates the experience. These factors include the child's age and developmental status, the relationship of the abuser to the child, the amount of force or violence used by the abuser, the degree of shame or guilt evoked in the child for his or her participation, and, perhaps most importantly, the reactions of the child's parents and those professionals who become involved in the case. Most authorities agree that, other things being equal, the psychological trauma to the child is greater when the perpetrator of the abuse is close to the child than when he is a stranger. The closer the relationship between child and offender, moreover, the more likely is the sexual abuse to be repeated.[16]

It is not difficult to understand why some incidents of sexual abuse by a stranger may be far less traumatic than those committed by someone close to the child. In most such instances, the parents will rally to the aid of the child, and, while they may overreact to the situation, their anger and feelings of retribution are generally directed toward the perpetrator. It is less likely that provocation on the part of the child will be suspected, and the child will generally receive expressions of concern, protection, and support from family and friends. The degree

of violence or physical coercion used by the offender is, of course, another important factor: if a child has been raped or otherwise physically harmed by an outsider, both the short- and long-term effects may be very serious.

Intrafamily sexual abuse, including that initiated by persons whom the child or other family members hold in high esteem, usually has far more complicated temporary and long-term repercussions. The public disclosure of incest may awaken feelings of guilt associated with denial and depression. If the mother has been aware of the situation, she may deny any knowledge of the matter, accusing her daughter of lying. The father's guilt, shame, and fear of repercussion also may overwhelm any concern for his daughter's feelings. Thus, the child may be rejected by both parents, perceived as guilty, and seen as a betrayer of her family. Under these circumstances, many children retract their stories. Often, it is only after the incest is discovered that the larger family problems may surface.

The effects of incest also depend on the child's age and level of emotional and intellectual development. Very young children may be less affected by an incestuous relationship than older children, because they may not have incorporated society's concepts of right and wrong, and lack awareness of the possible repercussions. If the sexual behavior between adult and child has persisted over a long period of time, if it has involved a series of progressively intimate incidents, or if the child is old enough to understand the cultural taboo of what has occurred, then the effects may be more profound.

Short-term effects of sexual abuse or its disclosure can take many forms. Some children react by regressing to earlier types of behavior such as thumb sucking, bed wetting, or becoming afraid of the dark. Others develop behavioral disorders such as sleepwalking or difficulty in eating and sleeping. Such physical symptoms may constitute the child's way of acting out disturbing feelings and reactions that cannot be verbalized.

Less is known about the long-term effects of incest and sexual exploitation because much of the research is clinical, based on small numbers of cases, and retrospective. There is no doubt, however, that in some cases incidents of child sexual abuse influence the personality and behavior of the victim for the rest of his or her life. Possible long-term effects include the repetition of self-destructive behavior patterns, such as drug or alcohol abuse, self mutilation, and the development of symptoms such as frigidity.

Clinical experience suggests that many of the children and adolescents exploited sexually for prostitution or for the production of pornographic materials were victims of incest or are runaways fleeing a developing incestuous situation. It is likely that a history of being sexually exploited by family members increases a child's susceptibility to sexual exploitation by others, particularly when the child is a runaway.[17] For some, the exploitation of their own sexuality is the only way they know to relate to others.

Depression and confusion about their own identities are common reactions of many victims. Some jump into early marriages as a means of escaping their family situations and dealing with their feelings of aloneness.

Some report feeling "marked" or stigmatized for life and may have suicidal tendencies. In retrospective studies, however, it is often difficult to differentiate the pathogenic effects of the incest per se from those of the disturbed family environment in which it usually occurs.

The effects of participation in the production of child pornography on the children involved have not been studied. Given the wide range of possible experiences which a child might have in these circumstances, it is not likely that any one particular effect will be seen in all or even most of these children. However, it is obvious that (in the words of the U.S. Senate Judiciary Committee) the effects of this type of exploitation and degradation cannot but be "very harmful to both the children and the society as a whole."[18]

Intervention

The reactions of parents, members of the child's community, and intervening professionals to the sexual abuse of the child are of crucial importance in determining its psychological effects on the child. Indeed, in the words of one researcher, "by far the greatest potential damage to the child's personality is caused by society and the victim's parents, as a result of 1) the need to use the victim to prosecute the offender [to whom the victim may be deeply attached, as in the case of an incestuous parent], and 2) the need of parents to prove...that the victim was free of voluntary participation and that they were not failures as parents."[19] Some parents respond with greater expressions of concern about the disruption of their own lives caused by the occurrence than with concern for the child victim. Self-oriented responses by parents have been found most often in those cases in which the offender was a member of the victim's household.[20]

The emotional trauma associated with sexual abuse may also be vastly increased or even overshadowed by insensitive professional intervention, particularly in the crisis intervention phase. The medical examinations routinely performed by some hospitals on children suspected of having been sexually abused may be experienced by the child as an intrusion as threatening or more threatening than the initial incident. The legal process, particularly if it culminates in a court trial, can also be emotionally damaging to the child victim of sexual abuse. Due to the seriousness of the crime in many states, accusations by children are often viewed with a great deal of suspicion. As has been the experience of many rape victims, the child victim may find that his or her credibility is in doubt.

In cases of incest, the pervasive fears of family disruption following disclosure are often well-founded. In many communities, particularly those without adequate social service resources, family separation is the only means available to protect the child. The children may be placed in foster care; the father may lose his job or be sentenced to prison; the family's income is jeopardized; the child feels guilty and may be blamed for the breakup of the family; and the family is disgraced in the eyes of the community. The potential for disastrous consequences undoubtedly accounts for much of the resistance to reporting incest. Another possible outcome, given the fact that offenders usually do not receive any treatment in jail, is that the father will return to the home, again placing the child and his or her siblings in danger.

Signs of a change from punishment-oriented intervention in incestuous families to intervention with the goal of rehabilitating the family have begun to appear in some communities. This approach, when it is in the best interests of the child, is both hopeful and consonant with the trend toward

family rehabilitation as the primary goal in child abuse and neglect intervention. There is an increasing awareness that the wrong kind of intervention can do more harm than good, and that the child often does not want to be permanently separated from her family. Therefore, more sympathetic, sensitive techniques for working with these famlies have begun to be developed.

Prevention and Treatment

Several programs utilizing intensive family and group therapy have recently shown that incestuous families need not be destroyed in order to protect the child. One of the most successful is the Child Sexual Abuse Treatment Program operated by the Santa Clara County (California) Juvenile Probation Department. The therapeutic approach of the program is based on the theory and techniques of Humanistic Psychology. The family is treated primarily as a system, and the intent of therapy is to foster personal growth and the development of self-responsibility in family members. No recidivism was reported in a sample of families who had been in treatment about 14 months. Because of the program, children are returned to their families sooner; the self-punishing behavior of the children has been reduced; more of the marriages have been saved and improved; the rehabilitation of the offenders has been accelerated; and normal relationships between father and daughter have been restored. The program has also been involved in public education and professional training.[21]

A number of other programs have been developed throughout the country to demonstrate and explore new ways of helping incestuous families to function in a more healthy, child-oriented way. Some work closely with the police and the courts, and others have taken a social service approach to

keeping the family out of the criminal justice system. Some are primarily focused on helping incest victims understand that it was adults, not they, who were responsible for the abuse; some provide their primary support to mothers who are trying to decide whether to maintain their marriage relationships; some are focused on medical aspects and the hospital's role in constructive intervention; and some emphasize a group work or self-help approach to treatment. Regardless of their particular focus or orientation, most programs recognize that the treatment of incest must involve a family systems approach.

Better treatment programs are obviously only one means of improving our system for dealing with child sexual abuse. Attention must be focused on the needs of children and families from the time that an abuse situation is discovered. Special units or teams of professionals in hospitals, police departments, and social service agencies must be trained to deal with child sexual abuse and to become sensitive in their interactions with children. Whenever possible, cases should be handled by social workers or plainclothes police officers, since children are often frightened by police officers in uniform.

The reality of existing legal and medical procedures, however, cannot be ignored. Criminal laws that involve the child witness will not be disposed of simply because they make therapeutic intervention difficult. They must be changed where they are destructive or insensitive to their effects on children, and, where families are involved, they must be humanistically refocused on rebuilding rather than destroying. Children should undergo a minimum of interviews about what happened and necessary medical examinations should be performed with the utmost sensitivity and care. Every attempt should be made to handle court cases in pretrial conferences, judges' chambers, or

special settings adapted to use by children and not open to the public. In addition, these cases require careful diagnosis and followup to determine what long-term effects the abuse may have. Whether children are abused by strangers or by someone they know well, they need to be treated with compassion and understanding.[22]

Successful treatment of incestuous families may constitute an important component of primary prevention for the generations to come: as noted above, incestuous family configurations tend to repeat themselves in a generational cycle. It is crucial, therefore, that any long-range attempt to reduce the incidence of incest focus on family rehabilitation as opposed to mere legal intervention.

The availability of telephone helplines has been an important step in the direction of prevention, both primary (before the fact) and secondary (after the fact) -- as it has in the prevention and treatment of child abuse and neglect in general. In Knoxville, Tennessee, a 24-hour taped telephone message on sexual abuse makes counseling available by telling callers, "if you need help, stay on the line." In the first month that this service was available, 40 of the hundreds of callers stayed on the line to talk to a counselor about a sexual abuse problem. Twenty-five of the callers were adolescents.

Prevention may also be helped, in the long run, by teaching children about their bodies and about appropriate sexual behavior. Being taught how to say "no" and how to ask for help when they need it could also help many children to defend themselves against sexual abuse.

Prevention in specific cases (in families at high risk of incest) is rare because of the difficulty in detecting such families. Early signs of trouble are difficult to differentiate from other acting-out behaviors and professionals must not only be alert to the veiled messages of children, but must encourage children to express their feelings openly. However, developing cases do not often come to the attention of those qualified to intervene or able to recognize the signs of trouble. In the words of Dr. Suzanne Sgroi, "recognition of sexual molestation in a child is entirely dependent on the [professional's] inherent willingness to entertain the possibility that the condition may exist."[23] The training of professionals to identify sexual abuse victims, the education of parents and children, and changes in societal attitudes are all necessary if prevention is to be successful.

FOOTNOTES

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Appendix

Child Sexual Abuse Programs

The information for this Appendix comes from Child Abuse and Neglect Programs, the National Center on Child Abuse and Neglect (DHEW), 1978. Available for purchase from:

The National Technical Information Service
5285 Port Royal Road
Springfield, VA 22161

Purchase Information:

PB-277-824 NTIS Price: $15.50
CHILD ABUSE AND NEGLECT PROGRAMS
March 1978, 529 pp.

In addition to those programs listed below, reports of child sexual abuse are investigated and treated by state and local departments of social services, human resources, or child and family services.

This list is far from exhaustive; it contains descriptions of only those programs that have responded to requests for written information by the National Center's Clearinghouse. Any programs that were developed exclusively to treat child sexual abuse or that incorporate special components or resources to deal with this problem are encouraged to write to the Clearinghouse for a form on which they can describe their services, clientele, staffing, etc. Program descriptions will be prepared from the information and included in the next edition of Child Abuse and Neglect Programs.

CP-00136
Brooklyn Society for the Prevention of Cruelty to Children, N.Y.
P.O. Box 423
Brooklyn, NY 11217
Brooklyn Society for the Prevention of Cruelty to Children.
R. R. Walsh.
1880.

Services: Identification, prevention, treatment, and follow-up of child abuse or neglect cases are performed through direct provision of social work counseling, individual and group therapy, medical attention, family planning aid, and residential care to parents and families. Children are given medical care, individual and play therapy, and foster care.
Clientele: The program serves children and families of children who are the victims of crime, abuse, and maltreatment, especially in situations involving serious physical abuse or sexual abuse.
Staffing: A multidisciplinary team approach uses social workers, child welfare personnel, psychiatrists, psychologists, nurses, lawyers, and paraprofessionals.
Organization: This is a private, nonprofit agency. It has 3 divisions for Criminal Justice Services, Extended Treatment Services, and Community Services.
Coordination: All cases are reported by name to the state central registry and social welfare authorities. Cases are referred to the program by medical, welfare, law enforcement, educational, and judicial professionals and agencies, and concerned individuals.
Funding: In the last fiscal year, about 80 percent of the Society's income was furnished by the city; 9 percent came from private, nonprofit organizations; and 1 percent came from personal donations.

CP-00141
Catholic Charities, Syracuse, N.Y. Family Services Division.
1654 W. Onondaga St.
Syracuse, NY 13204
ALLIANCE-Child Abuse Coordination Program.
D. Meier-Erne.
Jul 72.

Services: The program purpose is to provide and coordinate services for families in which child abuse has occurred or may occur. Services in the areas of identification, prevention, treatment, and follow-up are available. Parent aides and lay therapy are furnished directly to parents, with a wide range of human, social, health, and welfare services offered through referrals; improvements are anticipated for parent aide services. A wide variety of child health and child care services are offered to children through referrals. Crisis day care has been added to the program recently. It is expected that the sexual abuse and crisis day care component will be strengthened. Follow-up is maintained through team meetings conducted on at least a biweekly basis, quarterly updates of case records of nonactive cases, and phone and letter contact as needed. Coordination of services is accomplished through team meetings of representatives of involved agencies.
Clientele: Services to families are emphasized. During the last fiscal year, identification, prevention, treatment, and follow-up services were provided to 55 mothers and 10 families. Clients are drawn from low-income, inner-city areas.
Staffing: The program relies extensively on community service coordinators. Since its inception, the staff has increased from 2 to 6 persons; another addition to the staff may be made in the future.
Organization: The administering organization is governed by Catholic Charities. The program is evaluated through analysis of statistical data by the Family Court Executive and by the Onondaga County Child Abuse Council.
Coordination: Medical authorities, social service agencies, schools, concerned individuals, and victims are the major referral sources. All cases must be referred through Onondaga County Child Welfare. Over 100 agencies are represented on the coordinating teams; there are 170 teams in operation. Case information is shared with all referral agencies.
Funding: The county provides most of the program's funding, but approximately 20 percent of the income comes from the Community Foundation of the United Way.

CP-00208
New York County Office of the District Attorney, New York, N.Y.
155 Leonard St.
New York, NY 10013
Sex Crimes Prosecution Unit.
L. A. Fairstein.
Sep 74.

Services: The program is devoted exclusively to the investigation and prosecution of forcible rape, sodomy, and sexual abuse cases and is the only agency in the County of New York which has jurisdiction over the prosecution of offenders in the criminal law area of child abuse and sexual abuse of children. The goal of the program is to apply specialized legal knowledge and understanding of psychological consequences to the processing of these cases. Direct contact is provided to the victim on an interview basis as often as necessary until the case is brought to trial; telephone follow-up on a weekly basis is also provided. Requests by lay and professional groups to lecture about the prosecution of such offenses and steps to take in the event of such abuse are also handled by the program.
Clientele: Clientele are drawn from the county. In the last year 45 parents and 140 children were served. The age limit is 12 and 15 for boys and girls, respectively.
Staffing: The program employs 4 full-time trial attorneys, a full-time administrator, and a full-time trial preparation assistant. Volunteers are law students who act as legal aides during the interviews with the victims and in the preparation of cases for trial.
Organization: The program is sponsored by the Office of the District Attorney of New York County. Evaluation is conducted by the District Attorney.
Coordination: A female detective, who is a trained member of the New York Police Department's Sex Crimes Squad, acts as a liaison between the program and the police department. The majority of referrals are received from law enforcement agencies; parents, parent substitutes, and the schools are also sources of referrals.
Funding: The program is funded by New York County.

CP-00210
New York Society for the Prevention of Cruelty to Children, N.Y.
110 E. 71st St.
New York, NY 10021
New York Society for the Prevention of Cruelty to Children.
H. R. Landau.
1875.

Services: Child neglect, abuse, and sexual exploitation complaints are received and investigated. Social work counseling is directly rendered by the program. Parents or families are directed to other programs for marriage counseling, individual therapy, homemaking and health instruction, public assistance, medical care, or residential care. Children are provided therapeutic and regular day care, individual therapy, foster care, and residential care by appropriate referrals. Follow-up contacts are made by phone and by home visits.
Clientele: Individual children, individual parents, and families served by the program come from inner-city areas and are of varied income levels.
Staffing: Child welfare personnel and lawyers staff the program full-time; physicians provide part-time services.
Organization: The Society is a private, nonprofit children's protective service agency. The only evaluation is performed in-house and by home visits.
Coordination: Any case reports are made to the state central registry. Information is shared with courts upon legal request. Cases are referred to the program by concerned individuals, relatives, courts, police, social agencies, schools, and medical personnel.
Funding: Program expenses were met by private voluntary agency monies, foundation funds, and personal donations in the last fiscal year.

CP-00230
Queensboro Society for the Prevention of Cruelty to Children, Inc., Jamaica, N.Y.
161-20 89th Ave.
Jamaica, NY 11432
Protective Services.
S. Diorio.
1919.

Services: The program investigates complaints concerning alleged neglect, abuse or exploitation of children who reside in the borough of Queens, and assumes the responsibility to protect the rights of children, taking court action if necessary. The program maintains a liaison with the Queens District Attorney's office regarding child sexual molestation and family dispute cases which normally would be treated as criminal offense cases. Social work counseling is offered to over half of the parents and families treated; other services include various welfare, therapy, and counseling services. Services to children include residential foster care, day care, medical care, and individual therapy. Increased funding for extending evening service is anticipated in the coming year. A public speaking program is conducted to educate professional and lay groups.
Clientele: Children up to age 18, parents, and families are served by the program. Lay audiences and paraprofessional groups may also receive services from the program.
Staffing: The program employs 8 full-time social workers, and a psychiatrist, an attorney, and 2 psychologists on a part-time basis. Volunteers are used for child care. Psychiatric seminars are offered to enhance the diagnostic ability and treatment skills of the staff. During the past year there has been a decrease in staff due to financial problems.
Organization: The program is administered by a private, nonprofit child welfare agency. The New York City Department of Special Services for Children monitors the program by supervising reports and conducting on-site visits during the year.
Coordination: The program functions in cooperation with the New York City Department of Special Services for Children in order to prevent duplication of services. Referrals are

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Brooklyn Society for the Prevention of Cruelty to Children.
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1880.

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Clientele: The program serves children and families of children who are the victims of crime, abuse, and maltreatment, especially in situations involving serious physical abuse or sexual abuse.
Staffing: A multidisciplinary team approach uses social workers, child welfare personnel, psychiatrists, psychologists, nurses, lawyers, and paraprofessionals.
Organization: This is a private, nonprofit agency. It has 3 divisions for Criminal Justice Services, Extended Treatment Services, and Community Services.
Coordination: All cases are reported by name to the state central registry and social welfare authorities. Cases are referred to the program by medical, welfare, law enforcement, educational, and judicial professionals and agencies, and concerned individuals.
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D. Meier-Erne.
Jul 72.

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Clientele: Services to families are emphasized. During the last fiscal year, identification, prevention, treatment, and follow-up services were provided to 55 mothers and 10 families. Clients are drawn from low-income, inner-city areas.
Staffing: The program relies extensively on community service coordinators. Since its inception, the staff has increased from 2 to 6 persons; another addition to the staff may be made in the future.
Organization: The administering organization is governed by Catholic Charities. The program is evaluated through analysis of statistical data by the Family Court Executive and by the Onondaga County Child Abuse Council.
Coordination: Medical authorities, social service agencies, schools, concerned individuals, and victims are the major referral sources. All cases must be referred through Onondaga County Child Welfare. Over 100 agencies are represented on the coordinating teams; there are 170 teams in operation. Case information is shared with all referral agencies.
Funding: The county provides most of the program's funding, but approximately 20 percent of the income comes from the Community Foundation of the United Way.

CP-00208
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155 Leonard St.
New York, NY 10013
Sex Crimes Prosecution Unit.
L. A. Fairstein.
Sep 74.

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Clientele: Clientele are drawn from the county. In the last year 45 parents and 140 children were served. The age limit is 12 and 15 for boys and girls, respectively.
Staffing: The program employs 4 full-time trial attorneys, a full-time administrator, and a full-time trial preparation assistant. Volunteers are law students who act as legal aides during the interviews with the victims and in the preparation of cases for trial.
Organization: The program is sponsored by the Office of the District Attorney of New York County. Evaluation is conducted by the District Attorney.
Coordination: A female detective, who is a trained member of the New York Police Department's Sex Crimes Squad, acts as a liaison between the program and the police department. The majority of referrals are received from law enforcement agencies; parents, parent substitutes, and the schools are also sources of referrals.
Funding: The program is funded by New York County.

CP-00210
New York Society for the Prevention of Cruelty to Children, N.Y.
110 E. 71st St.
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H. R. Landau.
1875.

Services: Child neglect, abuse, and sexual exploitation complaints are received and investigated. Social work counseling is directly rendered by the program. Parents or families are directed to other programs for marriage counseling, individual therapy, homemaking and health instruction, public assistance, medical care, or residential care. Children are provided therapeutic and regular day care, individual therapy, foster care, and residential care by appropriate referrals. Follow-up contacts are made by phone and by home visits.
Clientele: Individual children, individual parents, and families served by the program come from inner-city areas and are of varied income levels.
Staffing: Child welfare personnel and lawyers staff the program full-time; physicians provide part-time services.
Organization: The Society is a private, nonprofit children's protective service agency. The only evaluation is performed in-house and by home visits.
Coordination: Any case reports are made to the state central registry. Information is shared with courts upon legal request. Cases are referred to the program by concerned individuals, relatives, courts, police, social agencies, schools, and medical personnel.
Funding: Program expenses were met by private voluntary agency monies, foundation funds, and personal donations in the last fiscal year.

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Services: The program investigates complaints concerning alleged neglect, abuse or exploitation of children who reside in the borough of Queens, and assumes the responsibility to protect the rights of children, taking court action if necessary. The program maintains a liaison with the Queens District Attorney's office regarding child sexual molestation and family dispute cases which normally would be treated as criminal offense cases. Social work counseling is offered to over half of the parents and families treated; other services include various welfare, therapy, and counseling services. Services to children include residential foster care, day care, medical care, and individual therapy. Increased funding for extending evening service is anticipated in the coming year. A public speaking program is conducted to educate professional and lay groups.
Clientele: Children up to age 18, parents, and families are served by the program. Lay audiences and paraprofessional groups may also receive services from the program.
Staffing: The program employs 8 full-time social workers, and a psychiatrist, an attorney, and 2 psychologists on a part-time basis. Volunteers are used for child care. Psychiatric seminars are offered to enhance the diagnostic ability and treatment skills of the staff. During the past year there has been a decrease in staff due to financial problems.
Organization: The program is administered by a private, nonprofit child welfare agency. The New York City Department of Special Services for Children monitors the program by supervising reports and conducting on-site visits during the year.
Coordination: The program functions in cooperation with the New York City Department of Special Services for Children in order to prevent duplication of services. Referrals are

received from schools, law enforcement agencies, neighbors, self-referrals, hospitals, parents, private social service agencies, courts, relatives, and private physicians. Cases are referred to private, nonprofit organizations for mental health services, and to city agencies for housing, income maintenance and health services, but the primary planning responsibility remains with OSPCC.

Funding: The program is financed primarily with city funds; a small percentage of the operating budget is obtained from funds from private, profit-making and nonprofit organizations, and through personal donations.

CP-00309
Anne Arundel County Dept. of Social Services, Annapolis, Md.
Calvert St.
Arundel Center
Annapolis, MD 21404
Multidisciplinary Committee on Physical and Sexual Abuse and Neglect.
A. L. Gazaway
Oct 73.

Services: The purpose of the program is to assist, diagnose, and provide resources conjointly with local agencies to families who have abused or neglected their children. The committee provides consultation on child abuse cases at the request of the protective worker or supervisor. Workers from other agencies in contact with the family and the protective worker review the case for the Committee which helps formulate a treatment plan. A hot line is maintained by the administering agency to provide 24-hour service to children at risk. Training programs in interviewing hostile clients have been conducted by the Committee. The Committee occasionally presents their approach to other organizations in the community as part of a public awareness effort.
Clientele: The Committee's cases are derived from a multicounty area. Children, parents and families are served. Training and public awareness efforts are aimed at lay audiences, professional groups and paraprofessional groups.
Staffing: The Committee is made up of a lawyer, a representative from the Health Department, a pediatrician from Naval Hospital, a Lieutenant with the City, Police, a pediatrician at Kimbrough Army Hospital, the Assistant Director of Providence Center-Special Education, a social worker from Kimbrough Hospital, a member of the Board of Education, the Director of Family and Children's Society, a member of the County Police, and a social worker with Ann Arundel General Hospital. The administering agency has 10 social workers on its staff as well as 2 transportation aides, and 2 social worker aides.
Organization: The Committee is a case review team under the auspices of a county social service agency. All support and ancillary agencies within the county serve as sustaining members on the committee.
Coordination: Members of the Committee also work with the Advisory Committee on Child Abuse which has as its purpose the education of the community on ways and means of helping families who have abused their children. Coordination is maintained with Child Advocacy Committees on local military bases.
Funding: State funds support the program.

CP-00311
Baltimore City Hospitals, Md. Dept. of Pediatrics
4940 Eastern Ave.
Baltimore, MD 21224
Sexually Assaulted Child Program.
Z. Koppanyi, and L. L. McAfee
Jan 74.

Services: The entire scope of the program is concerned with child abuse and neglect. Social work counseling, family counseling, individual therapy, medical care, and medical counseling are provided directly to parents; families are also referred for social work and family counseling. The children are directly offered medical care, play therapy, and individual therapy. Foster care is provided through referral.
Clientele: Clients are approximately 50 percent individual children, 45 percent individual parents, and 5 percent families. They are primarily from low-income, urban and inner-city areas.
Staffing: The program is staffed with nurses, pediatricians, psychiatrists, and social workers.
Organization: The program is conducted by the Department of Pediatrics of Baltimore City Hospitals. Evaluation consists of internal statistical assessment only.
Coordination: Cases are usually referred to the program by hospitals and law enforcement agencies. Cases are reported by name to the police or judiciary, to social service agencies, and to pediatricians by permission. Information involving individual cases is communicated to the Baltimore Department of Social Service.
Funding: In the last fiscal year the program was funded entirely by the city.

CP-00950
Child Advocate Association, Chicago, Ill.
19 S. Lasalle
Chicago, IL 60603
Child Advocate Association.
T. Talan.
Feb 75.

Services: The purpose of the program is to provide legal and social service advocacy for abused, neglected, and sexually exploited children. The legal staff sets up and participates on child abuse teams at local hospitals for the purpose of identification and treatment of cases.
Clientele: About 700 county children have been served. Indirect services are also provided for lay audiences, professional groups, and paraprofessional groups.
Staffing: There are 3 full-time attorneys and a social worker on the staff. About 50 volunteer attorneys represent children in abuse cases.
Organization: The program is administered by a private, nonprofit organization with a primary focus on advocacy and operates under the supervision of the Illinois Law Enforcement Commission.
Coordination: Program activities are coordinated with private and public agencies in Chicago and Cook County. Disciplines represented on the multidisciplinary teams include law, medicine, social work, nursing, and mental health. About 90 percent of the cases are referred to state agencies and the rest to private, nonprofit agencies.
Funding: The program is supported with state-administered federal funds (90 percent) and funds from private organizations.

CP-01873
Grand Forks County Social Service Center, Grand Forks, N. Dak.
118 N. 3rd St.
Grand Forks, ND 58201
Rape Crisis Center.
C. O. Ohlsen.
Jan 76.

Services: The program is partly concerned with child abuse. Services directly available from the program to parents and families include social work, family, and couples counseling, advocacy services, and a 24-hour hot line for rape victims. Family counseling is also available through purchases and referrals. Individual therapy referrals are made for adults and children. Service referrals are also made in social work and health counseling, couples and family counseling, family planning assistance, and medical care.
Clientele: The primarily mixed-income, urban clientele consists of individual children, individual parents, and families.
Staffing: The program is staffed by a social worker.
Organization: The administering county agency is governed by a county social service board. Data are continuously collected for a yearly evaluation.
Coordination: Case referral sources include self-referrals, neighbors or acquaintances, relatives, law enforcement agencies, government social service agencies, hospitals, and private physicians. Cases are reported by name to the North Dakota Social Service Board state central registry.

CP-01989
Child Sexual Abuse Demonstration and Training Project, San Jose, Calif.
840 Guadalupe Pky.
San Jose, CA 95110
Child Sexual Abuse Demonstration and Training Project.
H. Giarretto, and R. Carroll.
Jul 71.

Services: This program provides comprehensive case management of children and families involved in child sexual assault or molestation. It has expanded its scope from an exclusive concentration on intrafamilial child sexual abuse. Social work counseling, parent aides, group therapy, couples counseling, family counseling, individual therapy, and employment assistance services are offered directly to parents. Referrals provide them with housing assistance, welfare assistance, and family planning assistance. Child management classes for parents are purchased from another program. Children receive individual therapy directly and play therapy through referrals. Follow-up is maintained on at least a monthly basis by the Juvenile Probation Department and by the Adult Probation Department. The program also maintains self-help groups (Parents United and Daughters United) and provides training and public education.
Clientele: Individual children, children in groups, individual parents, parents in groups, and families are served. The program serves about 200 families. Clients come from mixed-income suburban and urban areas.
Staffing: The program staff consists of family counselors, administrators, and a community development specialist.
Organization: The program is directly supervised by the Santa Clara County Juvenile Probation Department.
Coordination: Social service agencies, schools, legal authorities, concerned individuals, and clients themselves are the major referral sources. Cases are reported by name to the legal authorities and juvenile services. Case evaluation information is shared with the Juvenile Probation Department and with the Adult Probation Department.
Funding: During the last fiscal year, state and federal funds accounted for approximately 95 and 5 percent of the program finances, respectively.

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